InclusiveVTCSOM Task Force Report
February 1, 2021

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Executive Summary

In the summer of 2020, in the thick of multiple high-profile killings of unarmed Black individuals, many students, faculty and staff identified VTCSOM policies and practices that were not allowing the School to fully live up to its values. The School's first espoused value states:

> Virginia Tech Carilion School of Medicine **values human diversity** because it **enriches our lives and the School**. We **acknowledge and respect our differences** while **affirming our common humanity**. As caregivers and educators, we **value the inherent dignity** and value of every person and **strive to maintain a climate for work and learning**, based on **mutual respect** and **understanding**.

To align the school's values and operations, immediate action was necessary. Therefore, in response to multiple incidents of racist, violent policing around the nation, as well as concerns expressed about the VTCSOM learning and clinical environments, Dean Lee Learman promptly established the InclusiveVTCSOM Task Force. Dean Learman charged the task force to review the state of the School regarding diversity, equity and inclusion, and to propose strategies that could launch both immediate and transformational change. More than 100 people served on the task force as part of the steering committee or on one of the task force's seven working groups: (1) Phase I Curriculum, (2) Phase II Curriculum, (3) Student Support, (4) Community Engagement, (5) Admissions, (6) Faculty/Staff Recruitment, Development and Retention, and (7) the Learning and Working Environment.

With the input of students, trainees, faculty, staff, and community members, each working group embarked upon a process to review and analyze the school's current operations and practices and offered bold recommendations that would contribute to sustainable improvements in the school's compositional diversity, curricula, community-based collaborations, campus climate and learning environment.

Under the leadership of its three co-chairs, the Task Force embarked on a 3½ month journey. Each working group presented their reports to the steering committee, who spent weeks evaluating every recommendation. After sorting through the key themes and all working group recommendations, the steering committee elected to advance 15 key recommendations.

Phase I Curriculum, M1 and M2 Years

1. Broaden the curricular content to include areas not currently incorporated or fully addressed, such as the impact of identity on healthcare delivery and outcomes, implicit bias, structural racism, race-based medicine, imposter syndrome, LGBTQ+ and multicultural aspects of history and exam skills.
2. Ensure that faculty utilize content and teaching approaches that address bias and racism, and reflects broader diversity of patient examples and cases.

Phase II Curriculum, M3 and M4 Years

3. Modify curricular content to ensure that concepts of race, racism, and race-based medicine are addressed wherever applicable.
4. Ensure that faculty and clerkships are evaluated on their ability to appropriately address the topics of race, racism, and race-based medicine.

Student Support

5. Cultivate an inclusive VTC campus culture through a deliberate messaging campaign and dedicated space for activities, services, and celebration of diversity.
6. Enhance student support services with a focus on counseling, financial aid and literacy, and use of a campus-based ombudsperson.
7. Recognize student performance and success in expanded ways that ensure equity across the diversity of the student body.

Community Engagement

8. Create new opportunities for partnerships and programs that will enhance engagement with our community throughout the Greater Roanoke Area to solidify the school's reputation as a trusted resource and valuable health education partner.
9. Deliberately and systematically, foster community involvement and support by the students, faculty, and staff.
10. Provide opportunities and expectations for faculty, staff, and students to learn about the history of diversity, race and healthcare, social justice, inclusion, and exclusion that has shaped the local population.

Admissions

11. Utilize multiple strategies to consistently meet or exceed the compositional diversity of students at public medical institutions in Virginia.

Faculty & Staff Recruitment, Development & Retention

12. Share and utilize best practices across VTCSOM, Fralin Biomedical Research Institute (FBRI), Virginia Tech, and Carilion Clinic to recruit, mentor and retain a diverse faculty and staff.

Learning & Working Environment

13. Optimize the process of reporting concerns related to issues of diversity, equity, and inclusion in the learning and working environment.
14. Provide additional training opportunities and requirements (e.g., implicit bias, microaggressions, and bystander role) for faculty, residents, staff, and students.

15. Intentionally reach out to appropriate individuals and committees of Carilion Clinic to align and strengthen efforts related to the learning and working environment on issues of diversity, equity, and inclusion.

In the coming month, the entire InclusiveVTCSOM Task Force will have the opportunity to meet with Dean Learman to review the report and respond to any questions. In addition, we--the task force co-chairs-- offer to share the report, recommendations, and process with the larger group of VTCSOM, Carilion Clinic and community stakeholders. It is our understanding that the recommendations in this report will be reviewed and considered for inclusion in the current strategic planning process underway at VTCSOM and Virginia Tech.

Acknowledgements

It has been our honor to serve as the co-chairs of the inaugural InclusiveVTCSOM Task Force. We are grateful that Dean Lee Learman offered us the opportunity to work with the VTCSOM community and stakeholders in this way at this critical time. We offer our sincere appreciation to the VTCSOM Deans Leadership team; the School's faculty, staff, students; physicians, residents and staff associated with our clinical partner, Carilion Clinic; and our collaborative partners in Roanoke community. Your willingness to share your time and diverse voices, backgrounds, experiences, and perspectives toward this important (and ongoing) project will play a crucial role in helping VTCSOM become a more diverse, equitable, healthy, and anti-racist institution.

Finally, the task force research and writing processes has been collaborative and intensive. We have had nearly four months of meetings, conversations, presentations, more meetings, revisions, and moving parts that have finally coalesced into the coherent narrative that you are reading now. And while there may be challenges to implementing some of the strategies presented in this report, they are not insurmountable. We can do this—*together*.

Michael Jeremiah, M.D.
Professor and Chair
Family & Community Medicine
Carilion Clinic

Fidel Valea, M.D.
Professor and Chair
Obstetrics & Gynecology
Carilion Clinic

Patricia Wooten, M.S.
Human Resources Manager
Virginia Tech Carilion
School of Medicine

InclusiveVTCSOM Task Force Final Report

Introduction

The Virginia Tech Carilion School of Medicine has been committed to diversity and inclusion since its beginnings, recognizing that diversity enhances learning experiences and fosters a free exchange of ideas from different perspectives. A specific focus has been to increase diversity among the student body, particularly to recruit those who are underrepresented in medicine. While the school made significant progress in the last decade, the work continues, with recent national events highlighting a need for renewed efforts.

On June 3, 2020, Virginia Tech Carilion School of Medicine Dean Lee Learman hosted a "VTCSOM Community Forum: Finding Safety after the Killings of Breonna Taylor, Ahmaud Arbery, & George Floyd." After discussing some of the events nationally, the focus turned to how to support our community members and affect positive change in our community and beyond. In advance of the forum, members of the VTCSOM community—students, faculty, staff, residents and community members—presented some ideas for the medical school to consider to further advance its diversity, equity, and inclusion efforts, with suggestions to identify and remove bias, racism, and discrimination from the school's practices, policies, and curricula.

Following the resulting discussion and ideas for change, Dean Learman formed the InclusiveVTCSOM Task Force that would propose deliberate action steps related to diversity, inclusion, and equity that would be included in the medical school's strategic plan. More than 150 VTCSOM students, faculty, staff, and friends of the school joined a virtual kick-off event for the task force on July 28, 2020. Dean Learman introduced the three co-chairs of the task force – Patricia Wooten, director of human resources for VTCSOM; Fidel Valea, chair of the Department of Obstetrics and Gynecology; and Michael Jeremiah, chair of the Department of Family and Community Medicine – and explained the charge of the task force.
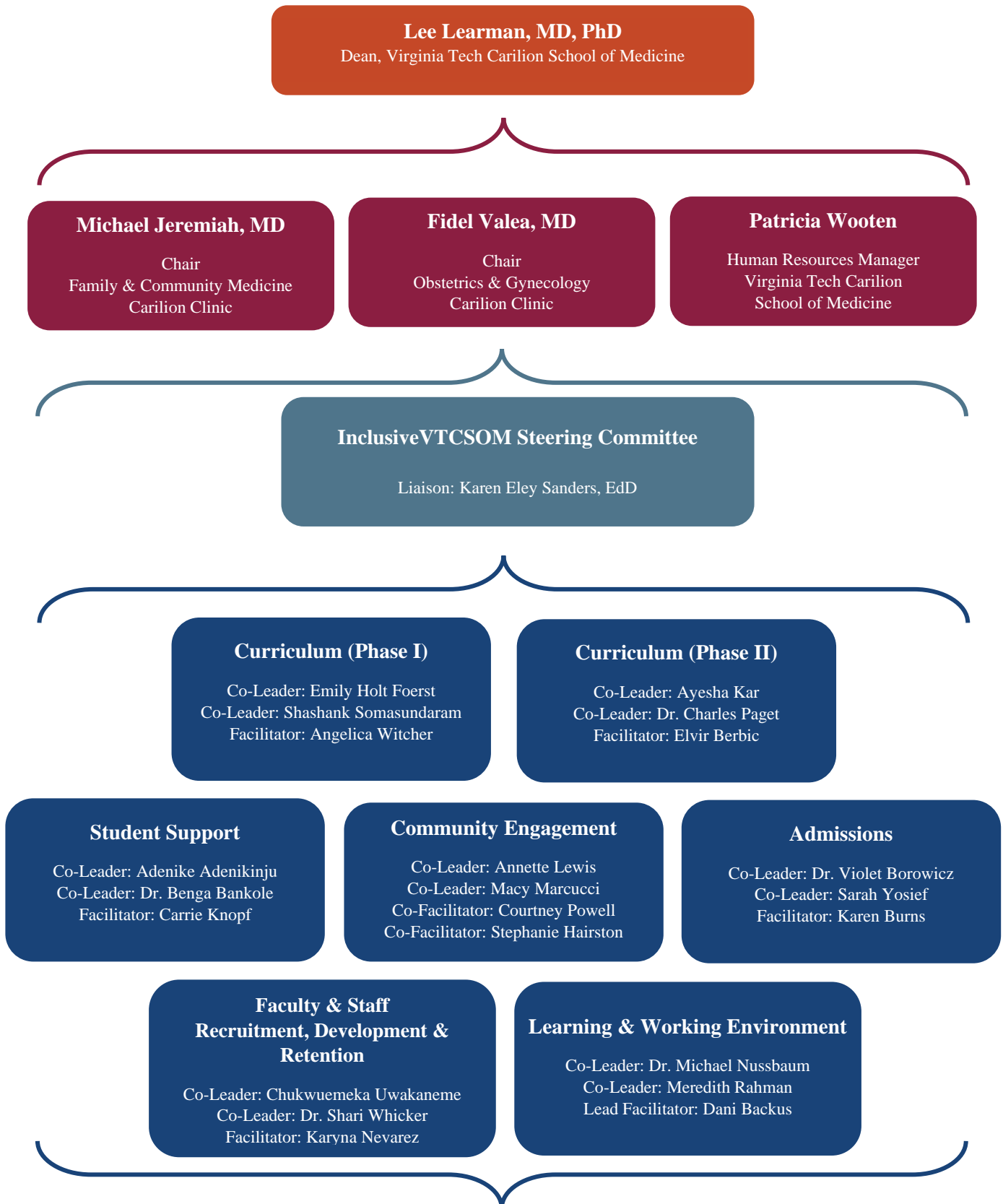
The dean encouraged students, faculty, staff, community members, and leadership to volunteer for the initiative. More than 100 people were selected to serve on the steering committee or in the task force's working groups. The task force formed seven working groups, each with specific focus areas: (1) Phase I Curriculum, (2) Phase II Curriculum, (3) Student Support, (4) Community Engagement, (5) Admissions, (6) Faculty/Staff Recruitment, Development and Retention, and (7) the Learning and Working Environment. Each working group was co-led by a VTCSOM student working in collaboration with a faculty, staff, or community member. Each group was asked to develop deliberate, measurable action steps to advance the school's equity and inclusion goals.

Over the second half of 2020 and into early 2021, the working groups met regularly to examine current VTCSOM diversity and inclusion initiatives, review innovative diversity-related policies and practices in medical education, and review the suggestions offered by our medical students regarding the learning environment during and after the Community Forum in June. The work

culminated with a report from each working group that included themes for improvement with specific, actionable recommendations in time for budgeting and operational approvals ahead of the new academic year in July 2021.

The task force engaged a large and representative contingent of the VTCSOM community, and the suggestions provided will help the medical school continue on a path to greater inclusion and antiracism as an institution in the coming years.

Task Force Structure

Lee Learman, MD, PhD
Dean, Virginia Tech Carilion School of Medicine

Michael Jeremiah, MD
Chair
Family & Community Medicine
Carilion Clinic

Fidel Valea, MD
Chair
Obstetrics & Gynecology
Carilion Clinic

Patricia Wooten
Human Resources Manager
Virginia Tech Carilion
School of Medicine

InclusiveVTCSOM Steering Committee

Liaison: Karen Eley Sanders, EdD

Curriculum (Phase I)

Co-Leader: Emily Holt Foerst
Co-Leader: Shashank Somasundaram
Facilitator: Angelica Witcher

Curriculum (Phase II)

Co-Leader: Ayesha Kar
Co-Leader: Dr. Charles Paget
Facilitator: Elvir Berbic

Student Support

Co-Leader: Adenike Adenikinju
Co-Leader: Dr. Benga Bankole
Facilitator: Carrie Knopf

Community Engagement

Co-Leader: Annette Lewis
Co-Leader: Macy Marcucci
Co-Facilitator: Courtney Powell
Co-Facilitator: Stephanie Hairston

Admissions

Co-Leader: Dr. Violet Borowicz
Co-Leader: Sarah Yosief
Facilitator: Karen Burns

**Faculty & Staff
Recruitment, Development &
Retention**

Co-Leader: Chukwuemeka Uwakaneme
Co-Leader: Dr. Shari Whicker
Facilitator: Karyna Nevarez

Learning & Working Environment

Co-Leader: Dr. Michael Nussbaum
Co-Leader: Meredith Rahman
Lead Facilitator: Dani Backus

Clarification of Terms

1. Affirmative Action: A set of policies and procedures in an organization designed to eliminate unlawful discrimination among applicants, remedy the results of such prior discrimination, prevent such discrimination in the future and to increase the representation of groups based on their gender, race, sexuality, creed or nationality in areas in which they were excluded in the past such as education and employment.

2. Conscious (Explicit) Bias: Refers to the attitudes and beliefs one has about a person or group on a conscious level leading to deliberate unsupported judgments in favor of or against one thing, person, or group as compared to another, in an unjust way.

3. Culture: An integrated pattern of learned core values, beliefs, norms, behaviors and customs that are shared and transmitted by a specific group of people.

4. Discrimination: The unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.

5. Diversity: The practice or quality of including or involving people from a range of different social and ethnic backgrounds and individual differences (e.g., personality, learning styles, and life experiences) and group/social differences (e.g., race/ethnicity, class, gender, sexual orientation, country of origin, and ability as well as cultural, political, religious, or other affiliations) that can be engaged in the service of learning and working.

6. Empowerment: A multi-dimensional social process that helps people gain control over their own lives while fostering power (that is, the capacity to implement) in people, for use in their own lives, their communities, and in their society, by acting on issues that they define as important.

7. Equity: The assurance that every person has what they need to succeed including that individuals may need to experience or receive additional or different (not equal) resources in order to maintain fairness and access.

8. Ethnicity: The fact or state of belonging to a social group that share a common identity-based ancestry, language, or culture and is often based on religion, beliefs, and customs as well as memories of migration or colonization. Examples of ethnicity include being Indian, Jewish or Asian, regardless of race.

9. Health Disparities: A difference in which disadvantaged social groups such as the poor, racial/ethnic minorities, women and other groups who have persistently experienced social disadvantage or discrimination systematically experience worse health or greater health risks than more advantaged social groups. These differences cannot be explained by socioeconomic status alone.

10. Implicit /Unconscious Bias: Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.

11. Inclusivity: The practice or policy of including people who might otherwise be excluded or marginalized by creating a system or space that is hospitable to people holding varying identities where their presence is not merely tolerated, but welcomed, supported, respected, and encouraged to contribute meaningfully to the system in a positive, mutually beneficial way.

12. Inequality: Unequal access to opportunities where one individual/group is favored over another.

13. Medical Racism: Prejudice and discrimination in medicine and the medical/healthcare system based upon perceived race that can adversely affect the quality and quantity of health care for underrepresented minorities.

14. Microaggressions: A statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority.

15. Race: The idea that the human species is divided into distinct groups on the basis of inherited physical and behavioral differences. It is believed to be a social construct. The difference between race and ethnicity: Whereas race is mostly defined and determined by physical characteristics, ethnicity is considered to be more about a person's culture, language, family and place of origin. Nationalities are frequently substituted for race.

16. Race-Blind (Race-Neutral) Policy: Policies where persons of all ethnic backgrounds are viewed as equal and have access to all the entitlements of a meritocracy.

17. Racism: The intentional and unintentional actions, beliefs, and policies which disproportionately disadvantage minority and underrepresented populations and become a social determinant of health as it is a fundamental cause of disease. It systematically shapes exposure to risk factors and the ability to marshal resources once disease occurs.

18. Social justice: The view that everyone deserves equal economic, political and social rights and opportunities. It also includes fairness in healthcare, employment, housing, and more.

Steering Committee Engagement Process

Steering Committee Members

- Dr. Michael Jeremiah (Co-chair), Professor and Chair, Family and Community Medicine
- Dr. Fidel Valea (Co-chair), Professor and Chair, Obstetrics and Gynecology
- Patricia Wooten (Co-chair), VTCSOM Human Resource Manager
- Dr. Michael Bergen, Assistant Professor, Radiology
- Dr. Nathaniel L. Bishop, VTCSOM Senior Associate Dean for Diversity, Inclusion, and Student Vitality / Associate Professor, Interprofessionalism
- Dr. Elda Stanco Downey, Senior Instructor, Interprofessionalism
- Casey Engel, M1-Student
- Dr. Don Kees, Carilion Clinic, Designated Institutional Official, Graduate Medical Education
- Giovanni Malaty, M4-Student
- Sahana Nazeer, M2-Student
- William Reis, M3-Student
- Kim Roe, Carilion Clinic, Vice President, Family and Community Medicine
- Dr. Karen Eley Sanders (Liaison), Senior Instructor, Interprofessionalism
- Kenneth Young II, M2-Student

As part of creating a sustainable work process when the Inclusive VTCSOM Task Force was created, a smaller group of individuals from the VTCSOM community was needed to serve on a steering committee that would comb through all working group reports, ask tough questions, challenge the current status quo, and finalize recommendations to VTCSOM Dean, Dr. Lee Learman. Representative faculty members, staff employees, students from each class, as well as community members—all of whom have different vantage points and experience levels—were invited to form the steering committee. Typically, relationship building occurs before diving into the work, but the newly formed committee did not have this luxury. Under the guidance of the co-chairs, the Task Force Steering committee embarked on a 3½ month journey with 11 esteemed colleagues that included students, faculty, staff, and community collaborators. Collectively, the committee sorted through the key themes and recommendations of the working groups to arrive at 15 key recommendations.

The steering committee's first gathering in October 2020 focused on collaborating as a team. The entire group participated in a visioning exercise to identify what diversity, equity and inclusion successes would look like for each committee member. Most steering committee members were hopeful that the work would bring about impactful, sustainable change to Virginia Tech Carilion School of Medicine. The co-chairs then outlined committee processes and operations. With over 100 Task Force members, seven working groups and a 14-member steering committee, it was crucial to create opportunities for every working group to present to the steering committee their research, findings, and recommendations.

Each working group was offered feedback and suggestions to tweak their reports prior to submission. This process was efficient, streamlined and created an inclusive environment for all task force members. Knowing that each working group would have individual time to present to

the steering committee helped ensure that their research, analyses, and time spent on this important project was understood and valued. After all working group reports were submitted and presented, the steering committee spent almost four weeks evaluating every single recommendation, determining which recommendations to advance or defer until a later date. This step in the process was critical because it provided an opportunity for steering committee members to comb through the work of the working groups once more and ensured that every recommendation was reviewed and considered for the final report.

As the steering committee's time together drew to a close, the potential impact of the task force and its work became clear. Not only had the group tackled diversity, equity, and inclusion issues across the learning, working and clinical environments, but the process used led to key, candid conversations that will likely drive change at Virginia Tech Carilion School of Medicine for years to come.

Note: The key recommendations presented on pages 1-3 were generated thorough Steering Committee discussion, led by co-chairs. The comprehensive list of recommendations proposed by the seven working groups are presented in the next section (pages 11-28).

Working Group Recommendations

Phase I Curriculum, M1 and M2 Years

Working Group Members

- Emily Holt Foerst, MA (Co-leader), Director, Academic Counseling and Enrichment Services/Instructor, Basic Science Education
- Shashank Somasundaram (Co-leader), M2-Student
- Dr. Angelica Witcher (Facilitator), Director, Student Affairs/Instructor, Interprofessionalism
- Mallory Blackwood, M3-Student
- LB Canary, M1-Student
- Dr. Helena Carvalho, Assistant Professor, Basic Science Education
- Katie Hardin, M2-Student
- Dr. Kris Rau, Assistant Professor, Basic Science Education
- Atreyi Saha, M1-Student
- Neha Singh, M2-Student
- Dr. Cynthia Unwin, Assistant Professor, Interprofessionalism

The working group on the Phase I Curriculum reviewed M1 and M2 curricular materials and experiential learning opportunities to determine the extent to which they address the social determinants of health, as well as help equip students with the knowledge, skills, and competencies necessary to provide culturally excellent health care and research. Further, the group examined learning activities that foster self-awareness and how students view others, and how those views may affect health care delivery and the patient experience. The Phase I working group was careful to review the M1-M2 curriculum through the lens of the school's four domains.

Theme 1: The M1-M2 curriculum lacks adequate content that focuses on students' growth and development related to self-awareness, approaches to learning, and pedagogical styles.

Background: The school's current Longitudinal Diversity and HSSIP curricula show promising indications of advancements in the development of a learning environment that promotes antiracist practice, diversity, inclusivity, and equity. To this end, the working group recommends:

- Creating a mandatory faculty development series that emphasizes the importance of framing material and contextualizing curricular content and presentations within racism, health equity, and structural racism healthcare.
- Incorporating a focus on conscious and unconscious bias, health equity, and structural racism in medicine.
- Encouraging faculty to attend LGBTQ+ SafeZone Training.

‒ Expanding current first-year series on self-efficacy, attribution theory, and imposter phenomenon further into the Phase I curriculum.
‒ Implementing a longitudinal reading series for students.
‒ Incorporating readings throughout Phase I to foster student awareness around positionality, reflexivity, and sources of bias in research.

Theme 2: Implicit and overt bias and microaggressions are antithetical to the VTCSOM learning environment.

Background: VTCSOM students have reported incidents of bias, microaggressions and unprofessional behavior in the learning and clinical environments. The school must take steps to consistently educate the VTC community on the origins, manifestations, and impact of bias, and make a concerted effort to minimize and eliminate bias in the classroom and other undergraduate medical education learning environments. To make progress in this area, the working group recommends:

‒ Offering continued support for content included within the newly implemented longitudinal diversity curriculum nested within the Basic Science domain.
‒ Incorporating texts and documentaries that illuminate bias, and offer tools for changing the structure that supports it.
‒ Identifying learning objectives for unconscious bias to join research sampling bias lectures (e.g., information, selection, clinical trials).

Theme 3: Our medical school curriculum should directly address social determinants of health and ways to promote health equity.

Background: Expanding students' knowledge of issues related to health equity and social determinants of health will facilitate their development into physician leaders who practice inclusion, provide equitable health care, and are committed to an antiracist posture. The working group suggests multiple adjustments to the M1 and M2 curricula across all domains:

‒ Offering continued support for content included within the newly implemented longitudinal diversity curriculum nested within the Basic Science domain.
‒ Reviewing session content for bias relating to gender, ethnicity, religion, and socioeconomic status.
‒ Encouraging faculty to be mindful of imagery in their lecture sessions, and where appropriate, expand Basic Science content to address diversity.
‒ Incorporating additional educational opportunities for students to learn about disparities in healthcare.
‒ Building upon existing opportunities for students to practice administering brief interventions addressing barriers to critical issues such as healthy eating & exercise.
‒ Updating language around sexual history, identity and practices while improving opportunities for students to practice sexual history taking.

- Offering students the opportunity to develop skills around patient interactions with non-patients present.
- Incorporating relevant psycho-socio-cultural elements within Phase I curricula where appropriate.
- Coordinating with other domains on the incorporation of elements from Diversity and Inclusion in Quality Patient Care (Martin et al., 2019), Chapters 1-8.
- Reviewing syllabus to ensure racial disparities and inequities are being covered in Blocks III, IV, and VIII.
- Coordinating with the other domains on the incorporation of Chapters 2, 14, 15, 18, and 22 of LGBT Health: Meeting the Needs of Gender and Sexual Minorities (Smalley et al., 2018).
- Incorporating education around disparities and barriers in research & research trials.
- Identifying learning objectives for the epidemiology curriculum focused on the rationale behind removing race-based medicine.
- Inserting learning objective that includes history of race-based medicine in research.

Theme 4: The learning environment must reflect diversity of individuals throughout the community.

Background: VTCSOM strives to be a community comprised of students and employees from diverse backgrounds, as well as patients and cases represented in the curriculum. Our knowledge of and sensitivity toward people who are unlike us are enhanced when diverse people, perspectives and cultures are visible in our community and curricula. Given this, the working groups suggests:

- Broadening the diversity of written case patients and wrap-up patients to reflect the United States population, including expansion to other racial and ethnic demographics (e.g. Hispanic, Latinx, Asian, others), gender identities, religions, physical capabilities, and socioeconomic circumstances.
- Expanding psychosocial faculty learning objectives to address topics that may contribute to inequality in medicine.
- Encouraging better student engagement with the psychosocial faculty learning objectives, through more direct assessment on the Integrated Clinical Exam (ICE) exam.
- Involving health equity and social medicine experts in Problem Based Learning (PBL) end-of-week wrap-ups to expand impact and diversity of representation.
- Incorporating specific AMA/AAMC guidelines, recommendations, and articles so that the level of detail discussed is standardized across the PBL groups.
- Recruiting a Standardized Patient (SP) pool that reflects the diversity of the United States patient population.
- Promoting faculty recruitment practices that fosters diverse and inclusive faculty, which will be reflected in the research live faculty as well as research topics to include social justice topics (i.e. race, gender, sexuality, social determinants of health, etc.).
- Promoting faculty recruitment practices for Methods in Logic visiting lecture series to encourage involvement from a diverse and inclusive population and include research on

social justice topics (i.e. race, gender, sexuality, social determinants of health, etc.). This change would precipitate a larger pool of research mentors and projects from which students can select.
- Promoting faculty recruitment practices to increase the pool of diverse research mentors.

Theme 5: Medical students have limited opportunities to collaborate with health professionals from diverse backgrounds, and to engage with underrepresented and underserved communities in southwest Virginia.

Background: In support of Virginia Tech's Land Grant mission and its motto, *Ut Prosim* (That I May Serve), VTCSOM facilitates a myriad of opportunities for students to learn from local clinicians, and to engage with and serve Roanoke and its surrounding communities. There are gaps, however. To make progress in this area, the Phase I working group recommends:

- Establishing a more formal system of outreach and advocacy through VTC Engage that focuses on minority and underserved populations to fulfill the Critical Service-Learning Program requirement for medical students.
- Coordinating and engaging with interdisciplinary health professions from Virginia Tech in Blacksburg and Radford University-Carilion would be beneficial.

Appendix I includes the comprehensive Phase I comprehensive report, including references and additional resources related to the first- and second-year medical education curriculum.

Phase II Curriculum, M3 and M4 Years

Working Group Members

- Ayesha Kar (Co-leader), M4-Student
- Dr. Charles Paget (Co-leader), Associate Professor, General Surgery
- Elvir Berbic (Facilitator), Student Affairs Manager
- Dr. Olivia Asamoah, Resident- Pediatrics
- Dr. Malek Bouzaher, class of 2020 alumnus
- Dr. Hoa Nguyen, Chief Resident- Obstetrics & Gynecology
- Dr. Ijeoma Okogbue, Assistant Professor, Internal Medicine
- Ryan Perry, M4-Student
- Anna Shvygina, M4-Student
- Vaish Sridhar, M4-Student
- Dr. Tom Stoecker, Assistant Professor, Radiology

The working group on the Phase II Curriculum reviewed M3 and M4 curricular materials and experiential learning opportunities to determine the extent to which they address the social determinants of health, as well as help equip students with the knowledge, skills, and competencies necessary to provide culturally excellent health care and research. Further, the group researched and recommend interventions that target, and hopefully, minimize implicit bias within health care and toward health care providers.

Theme 1: The concept and history of race are not sufficiently described and explored in the curriculum.

Background: The curriculum's silence on how the school defines race and differentiates race from ethnicity and genetic basis for disease has contributed to faulty policies and practices in the clinical environment. In addition, students' lack of understanding of the origin and history of race may make the ill-prepared to engage with patients from minority communities. To help remedy these challenges, the Phase II working group recommends:

- Creating an introductory lecture to define and further understanding on race and race-based medicine to be given by the Health Systems Science and Interprofessionalism (HSSIP) Department during 3rd and 4th year clinical orientation.
- Re-visiting and re-emphasizing in ongoing HSSIP lectures and lectures should be interactive.
- Providing students pre-lecture reading assignments and sources to further their own knowledge in these subjects.
- Providing at least one HSSIP lecture during Phase II curriculum about the impact of pandemics and their impacts vary based on race and socioeconomic classifications, largely due to the longstanding effects of systemic racism.

Theme 2: Systemic, institutional racism impacts healthcare delivery during clerkship lectures, learning activities, and Health System Science and Interprofessionalism department lectures.

Background: The presence of systemic, institutional racism within healthcare organizations is well-documented. Yet, our school's curricula and learning materials fail to adequately describe and address their detrimental impact. To address this, the working group suggests:

- Adding or modifying one or more discussion topics in each required clerkship to incorporate the impact of systemic, institutionalized racism on the disease or pathology being discussed.
- Phase II curriculum leadership hold the clerkship directors accountable and to ensure the inclusion of these topics in students' lectures and discussions.

Theme 3: **The current clerkship evaluation process is insufficient.**

Background: The existing clerkship evaluation form does not address the clerkship or lecture's ability to address institutionalized and systemic racism, and how it may play a role in the lecture topic or overall field of the clerkship. This could be remedied by:

- Adding additional evaluation points for lectures/lecturers.
- Adding similar evaluation points to the overall clerkship evaluation forms.

Theme 4: A review of the student evaluation process is in order to help the school's leadership understand the impact of implicit bias on evaluation, whether by students, faculty, residents, course facilitators, and or others.

Background: Everyone has biases and these biases, whether implicit or conscious, may impact how a student is evaluated by an instructor, clerkship director, or other person in authority. To address bias in evaluations, the working group proposes:

- Taking steps to understand the extent of bias in evaluations, and then to address the problem.
- Considering the use of student assessment coaches.
- Training instructors, clerkship directors and other assessors in student evaluation.
- Enhancing the quality of feedback.

Appendix II includes the Phase II comprehensive report and the working group resources.

Student Support

Working Group Members

- Adenike Adenikinju (Co-leader), M4-Student
- Dr. Benga Bankole (Co-leader), Associate Professor, Internal Medicine
- Carrie Knopf (Facilitator), Student Affairs Coordinator
- Dr. Bri Beach, Assistant Professor, Family & Community Medicine
- Ron Bradbury, Director for Admissions
- Anna Buhle, M2-Student
- Dr. Mebratu Daba, Assistant Professor, Pediatrics
- Hassan Farah, Executive Chair Roanoke Graduate Student Association, FBRI-TBMH
- Dr. Tamera Howell, Carilion Clinic, Obstetrics & Gynecology
- Ilona Jileaeva, M1-Student
- Margarite McCandless, MLS, Head Librarian / Instructor, Interprofessionalism
- Rebekah Sayre, M2-Student
- Cameron Worden, M4-Student

The working group on Student Support examined the programs and services across multiple VTCSOM and Virginia Tech departments that are designed to foster medical students' academic and professional growth, development, and wellness, specifically students underrepresented in medicine.

Theme 1: An inclusive culture for all learners is necessary to facilitate student success.

Background: Decade of research confirm that many minority students experience academic and non-academic struggles in medical school. While there is no single approach or magic formula that ensures success for minority medical students, there are additional best practices that could be implemented at VTCSOM. This is non-negotiable, and steps in the right direction include:

- Developing a messaging campaign that reframes *seeking help* as *utilizing resources and support services*.
- Expanding efforts to integrate a variety of cultural activities and services into student support through a dedicated, on-campus cultural engagement center.
- Establishing a committee to lead the development and design of the center.

Theme 2: Student support services should be expanded as the compositional diversity of the school changes.

Background: VTCSOM was founded a little more than a decade ago. The compositional diversity of the student body is changing rapidly, contributing to a student body with diverse learning styles, educational backgrounds, and cultural experiences. It would be useful to conduct a formal review of the school's student support apparatus, with the aim of enhancing student

support services through:

- Offering more access to financial aid counseling and financial literacy services.
- Enhancing counseling support by hiring a full-time mental health counselor.
- Identifying a student advocate/ally.
- Establishing an Office of the Ombudsperson.

Theme 3: The student awards and recognition processes are nebulous and subjective.

Background: There is a perceived lack of clarity, transparency and consistency surrounding processes related to student awards and recognitions. To address this concern, the working group recommends:

- Identifying Virginia Tech, VTCSOM, Carilion Clinic and other awards students are eligible to receive.
- Establishing a standardized process for nominating students for awards.
- Establishing Class Awards (M1-M4) that celebrate and recognize contributions related to diversity, equity, and inclusion.
- Conducting an analysis of clerkship evaluations for patterns of bias and mistreatment in the clinical environment.

Appendix III includes the Student Support comprehensive report.

Community Engagement

Working Group Members

- Annette Lewis (Co-leader), President & CEO, Total Action for Progress
- Macy Marcucci (Co-leader), M2-Student
- Courtney Powell (Facilitator), Community and Culture Manager, VTCSOM
- Stephanie Hairston (Facilitator), Riverside 4 Receptionist
- Dr. Azziza O. (Kemi) Bankole, Associate Professor, Psychiatry and Behavioral Medicine
- Crystal Barnett, Medical Education Coordinator - Research, VTCSOM
- Lee Clark, CEO, Rescue Mission of Roanoke
- Dotsy Clifton, Community Activist
- Joe Cobb, Vice Mayor, Roanoke City Council
- Dr. Joy Collins, Associate Professor, General Surgery
- Alyssa DeWyer, M2-Student
- Shaylyn Fahey, M1-Student
- Jane Gay, M3-Student
- Robin Haldiman, CEO, CHIP of the Roanoke Valley
- Brenda Hale, President, Roanoke Branch, NAACP
- Samantha Hoover, Director of Alumni Affairs and Special Events, VTCSOM
- Neeka Karimian, M1-Student
- Dr. Leslie LaConte, Associate Professor, Basic Science Education
- Rev. Dr. William Lee, Retired Pastor, Loudon Avenue Christian Church
- Kameron Melton, Attorney, Woods Rogers
- Karen Michalski-Karney, Executive Director, Blue Ridge Independent Living Center
- Kevin Patel, M2-Student
- Rabbi Jama Purser, Beth Israel Synagogue
- Vivian Sanchez Jones, Student Support Specialist at Roanoke City Public Schools
- Dr. Bert Spetzler, Assistant Professor, Orthopedic Surgery
- Janine Underwood, Executive Director, Bradley Free Clinic
- Damon Williams, Regional CRA officer, First Citizens Bank

The working group on Community Engagement focused on efforts to collaborate with organizations to expand the school's reach and strengthen its impact in diverse groups in Roanoke and surrounding communities.

Theme 1: The school's community connections should be formalized.

Background: While VTCSOM has a solid community presence and many Roanoke constituents are familiar with the school, steps can be taken to shore up these relationships. Relatively quick progress can be made if we identify where gaps exist in the school's community engagement initiatives and seek opportunities for new partnerships and programs that will enhance engagement with our constituents throughout the Roanoke community, diverse neighborhoods, and surrounding counties. The working group recommendations include:

- Revisiting and affirming current community partnerships.
- Identifying and participating in local festivals and activities that celebrate diversity.
- Identifying and participating in health fairs and health screen programs sponsored by local non-profits.
- Creating programs with diverse speakers and content and marketing programs to a broader audience.
- Identifying and participating in surrounding community school health fairs, science fairs, STEM fairs, and career days.
- Creating a minimum community engagement requirement for students, staff, and faculty.
- Creating a system to track community engagement activities with outcomes.
- Creating a centralized calendar for community engagement activities for the purpose of combining resources.

Theme 2: Structured VTCSOM activities that introduce Roanoke's rich cultural heritage to the school community can strengthen the school's connection to the community.

Background: Providing opportunities for VTCSOM faculty, staff, and students to learn about the history of diversity, race and healthcare, social justice, inclusion, and exclusion that helped shape the local population will help the school community to better support and care for its neighbors. Recommendations to help the school strengthen its knowledge of and connection to Roanoke include:

- Creating a short reading/video module for incoming students that highlights the history of diversity and inclusion/exclusion and the relationship between race and health in Roanoke.
- Creating an annual diversity and inclusion education requirement for faculty and staff.
- Developing M1 orientation requirements.

Appendix IV includes the Community Engagement comprehensive report with supporting resources.

Admissions

Working Group Members

- Dr. Violet Borowicz (Co-leader), Assistant Professor, Pediatrics
- Sarah Yosief (Co-leader), M2- Student
- Karen Burns, (Facilitator), Executive Assistant to the Dean and Vice Dean, VTCSOM
- Dr. Patricia Beauzile, Carilion Clinic - Obstetrics & Gynecology
- Dr. Kimberly Clay, Carilion Clinic - Endocrinology
- Yash Desai, M3-Student
- Brandon Ganjineh, M1-Student
- Jake Hartman-Kenzler, M3-Student
- Stephanie Masters, M3-Student
- Vemmy Metsutnan, M1-Student
- Dr. Sam Nakat, Assistant Professor, Radiology
- Dr. Mark Schleupner, Assistant Professor, Internal Medicine
- Michael Spinosa, M2-Student

The working group on Admissions examined the school's diversity outreach, recruitment, and admissions policies and practices, and considered how the school attracts, retains and graduates medical students who will practice culturally responsive and equity-minded health care.

Theme 1: **Efforts to increase the diversity of the student body should be enhanced.**

Background: The diversity of the VTCSOM student body today differs significantly from the school's 2010 Charter Class. Yet, more can be done to enhance the compositional diversity of our student body. It is unlikely that we will ever declare that we have reached our destination as it relates to diversity; yet these working group recommendations will help us continue to make progress toward a more diverse student body.

- Increasing the presence of URM students at VTCSOM to mirror public institutions.
- Paying special attention to "disadvantaged" prospective students.
- Adjusting or adding secondary application questions that elicit responses related to diversity and health equity.
- Incorporating a diversity-related question into MMI scenarios to demonstrate to prospective students that the school values diversity.
- Formalizing VTCSOM Admissions' collaboration with Virginia Tech's Health Professions Advising program, with the intent to enhance URM student's preparation for and interest in VTCSOM.

Theme 2: Some admission practices do not reflect best practices advocated by the AAMC Group on Diversity and Inclusion and full options permitted in the Commonwealth of Virginia.

Background: Current practices in VTCSOM Admissions do not consider race as a factor as applicants are reviewed. However, a series of judicial rulings have confirmed that race and ethnicity can be considered in admission as part of an individualized, holistic review. In support of best practices to diversify medical schools, the Admissions working group recommends:

- Reviewing the interpretation and application of the school's "race neutral" policy.
- Exploring the application of affirmative action and race neutral policies at state institutions in Virginia.
- Confirming the existence or absence of Virginia laws/policies that ban the consideration of race and ethnicity in college admissions.
- Establishing a visible written policy that ensures appropriate consideration of race in admissions at VTCSOM.

Theme 3: Solidify diversity recruitment by appointing a diversity recruiter.

Background: As VTCSOM approached its initial accreditation review in 2014, the school took steps to establish and strength the school's diversity, equity, and inclusion infrastructure, including the creation of a URM recruitment position in the Admissions Office. That position was eliminated in 2017. To strengthen the school's recruitment, the committee recommends:

- Recruiting a more diverse workforce in the Admissions team and increasing awareness of URM recruitment responsibilities.
- Streamlining a process that ensures prospective URM candidate information is shared between Diversity and Inclusion and Admissions.
- Reinstating the diversity recruiter position in Admissions.
- Reviewing and updating all Admission staff job descriptions, specifically as it relates to diversity recruiting.
- Reassessing and reorganizing diversity recruitment efforts as appropriate.

Theme 4: The Early Identification Program should be expanded and strengthened to amplify its impact.

Background: The AAMC indicates that pipeline programs are "proven solutions" to addressing the lack of diversity among the physician workforce, and also helps to "promote a culturally-competent, diverse, and prepared health care and biomedical research workforce that will enhance patient care and ensure health equity." The school's Early Identification Program (EIP)

was established in 2015, but none of the participants have been invited to interview at VTCSOM. To strengthen the Early Identification Program, the working group recommends:

- Investing and expanding the Early Identification Program.
- Providing opportunities for EIP students to engage with VTCSOM medical students.
- Utilizing a constant contact system with EIP students before, during and after students' participation in summer experiences at VTCSOM.
- Increasing visibility and advertising of URM diversity recruitment on the school's website, specifically highlighting the Early Identification Program.

Theme 5: **The VTCSOM Admissions committee lacks adequate diversity.**

Background: To incorporate more diverse staff and voices in admissions, the working group recommends increasing the diversity in the Admissions committee membership by:

- Including the VTCSOM Chief Diversity Officer as a member of the committee.
- Taking deliberate, proactive steps to develop and recruit individuals who contribute to the diversity of the Admissions committee.

Theme 6: **Increase scholarships available to students who are underrepresented in medicine.**

Background: The cost of a medical education is a prominent barrier to medical school for many prospective URM medical students. Given this, the working group recommends:

- Increasing scholarship funds available to students.
- Making URM scholarships more visible on the VTCSOM website.
- Communicating efforts to increase diversity in the student body, including scholarships and fee waivers, on the Admissions website.
- Widely distributing electronic and PDF brochures that outline scholarship information and application processes.

Appendix V includes the comprehensive Admissions working group report with references and resources.

Faculty & Staff Recruitment, Development, and Retention

Working Group Members

– Chukwuemeka Uwakaneme (Co-leader), M2 Student
– Dr. Shari Whicker (Co-leader), Associate Professor, Pediatrics and Interprofessionalism
– Karyna Nevarez (Facilitator), Inclusion Coordinator, VTCSOM
– Oscar Alcoreza, M3-Student
– Patrick Barrett, M2-Student
– Douglas Crowder, Carilion Clinic – Director, Workforce Intelligence
– Dr. Heidi Lane, Associate Professor, Interprofessionalism
– Dr. Renee LeClair, Assistant Professor, Basic Science Education
– Taylor Lynch, Standardized Patient & Clinical Skills Manager, VTCSOM
– Mira Nicchitta, M3-Student
– Dr. Charles Schleupner, Professor, Internal Medicine

The working group on Faculty and Staff Recruitment, Development, and Retention concentrated on the school's efforts to recruit diverse faculty, provide ongoing diversity training for instructional and clinical faculty, and ensure that all students are exposed to faculty and physicians from diverse communities.

Theme 1: The compositional diversity of the VTCSOM faculty is insufficient.

Background: Since the school's founding, there has been a lack of diversity among the schools instructional and clinical faculty. In accordance with AAMC expectations, the school should expand efforts to increase the number of women and URM clinicians and instructional faculty by:

– Collaborating with diversity-focused job posting clearinghouses.
– Incorporating inclusive language in all job postings.
– Including local diversity and inclusion resources and activities in recruitment materials.
– Establishing a unified point person(s).
– Ensuring transparent and well-coordinated recruitment/interviewing for all candidates.

Theme 2: Diversity education and training should be formalized and expanded for faculty and staff.

Background: Ongoing professional developmental contributes to faculty and staff success and retention. More opportunities for faculty to enhance their teaching spaces with applied aspects of the best practices on diversity, equity and inclusion will enhance the learning environment. The working group recommends:

– Establishing an ongoing diversity, equity, and inclusion-working group.

- Incorporating a diversity, equity, and inclusion module in faculty orientation.
- Requiring diversity, equity, and inclusion-related training as a Faculty Maintenance of Appointment requirement.
- Identifying departmental diversity, equity, and inclusion opportunities.
- Creating a Faculty Development webpage with curated and vetted diversity, equity, and inclusion resources.
- Providing development opportunities to address critical topics: Implicit Bias, Microaggressions, Bystander Training, and Mentoring Across Differences.
- Utilizing a variety of approaches to deliver diversity, equity, and inclusion professional development content.
- Highlighting the demonstrated benefits of diversity and the importance of healthcare disparities research as part of faculty development discussions.

Theme 3: VTCSOM does not have a formal faculty and staff retention efforts.

Background: Retaining diversity faculty and staff is crucial to the school's ongoing efforts to maintain a diverse and excellent faculty. To strengthen the school's faculty retention efforts, the working group recommends:
- Surveying all departments to determine the existence and need for mentorship programs.
- Consulting Virginia Tech departments who have implemented successful mentoring programs.
- Creating or revisiting URM faculty mentoring program.
- Utilizing the Virginia Tech Future Faculty Diversity Program for CC/VTCSOM/FBRI joint hires.
- Compiling and sharing national and local diversity support resources via the Family Connection Program.
- Establishing a faculty inclusivity-mentoring award.
- Examining the exit interview process and asking focused questions related to Diversity and Inclusion.

Appendix VI includes the Faculty and Staff Recruitment, Development, and Retention comprehensive report.

Learning and Working Environment

Working Group Members

- Dr. Michael Nussbaum (Co-leader), Professor and Chair, General Surgery
- Meredith Rahman (Co-leader), M4-Student
- Dani Backus (Facilitator), Sr. Director of Institutional Effectiveness and Accreditation, VTCSOM
- Dr. Felicity Adams-Vanke, Assistant Professor, Psychiatry and Behavioral Medicine
- Dr. Aysegul (Aisha) Aydogan, PGY-2, Resident-Psychiatry and Behavioral Medicine
- Caitlin Bassett, Medical Education Coordinator-Evaluation & Assessment, VTCSOM
- Nina Budaeva-Harding, M2-Student
- Katie Brow, M2-Student
- Yazdi Doshi, M3-Student
- Dr. Felicia G Gallucci, PGY-3, Resident-Psychiatry and Behavioral Medicine
- Dr. Janet Osborne, Associate Professor, Obstetrics & Gynecology
- Katelyn Stebbins, M1-Student
- Satya Vedula, M2-Student

The working group on the Learning and Work Environment focused on creating a diverse, inclusive and bias-free experience for everyone in the VTCSM community, including all learners, educators, and staff with special attention to the clinical learning environment.

Theme 1: Website content related to the learning and working environment is insufficient.

Background: The Learning Environment Advisory Council (LEAC) website is the optimum central hub for learning environment resources for the VTCSOM and Carilion Clinic communities. Students and faculty are currently provided information on how claims are processed during orientations, but if the information is forgotten, they must rely on the limited and sometimes outdated information provided on the current LE website. To maximize its efficacy, the working group recommends:

- Clarifying where and how to submit learning environment concerns on the LE website.
- Update and provide resources for LE individual development.
- Increasing transparency for report submission, status, and resolution.
- Utilizing the LE website to highlight positive learning experiences and recognize faculty.
- Identifying specific faculty to talk to about LE issues.
- Make the LE website easier to find.

Theme 2: **Diversity education and training opportunities should be available to all VTCSOM and Carilion Clinic faculty and staff.**

Background: A community's lack of understanding of issues related to diversity, equity and inclusion can negatively affect the learning and working environments for students, residents, and staff members. Structured training can build on fundamental knowledge, facilitate future conversations, and help minimize the likelihood of inappropriate responses when incidents racism, discrimination and inequality arise. The working group recommends expanding the school's diversity education program by:

- Offering Diversity and Inclusion training opportunities at Carilion Clinic and VTCSOM.
- Offering training related to implicit bias, microaggressions, active bystander intervention, and cultural humility.
- Enhancing community exposure to diverse communities by hosting cultural lunches and establishing a VTCSOM/Carilion Multicultural Calendar.
- Clarifying the roles of each team member and addressing individuals by their proper names/titles/pronouns.

Theme 3: VTCSOM learners at all levels deserve safe and retaliation-free learning, clinical, and working environments.

Background: Processes exist for students, residents, faculty, and others in the VTCSOM community to report learning and working environment concerns. However, reporting alone does not provide immediate relief or resolution. Members of the community must be confident that their anonymity will be maintained, if desired, when they choose to offer candid feedback. In addition, reports may not be submitted for weeks or months. In an effort to address, and ultimately minimize learning environment concerns, the working group recommends:

- Creating a clinical faculty liaison committee at Carilion Clinic to specifically address issues of racism or discrimination during clinical rotations that would allow processing of event and ensure anonymity.
- Expanding the existing LEAC committee to handle reports for all learners (residents and fellows).
- Increasing wellness programs for learners and the work environment.

Theme 4: Structured, ongoing assessment will contribute to continuous improvements within the learning and working environments.

Background: VTCSOM currently uses a variety of tools to monitor, measure, and evaluate the learning environment, as well as assess specific constructs such as knowledge of learning environment policies and procedures and the effectiveness of student training sessions on the learning environment. In support of the Liaison Committee for Medical Education (LCME)

requirement to provide "periodic evaluation of the learning environment" (Element. 3.5), the working group recommends:

– Reviewing all the instrument measurements prior to their administration, or annually if the instrument is utilized continuously throughout the academic year.
– Evaluating each instrument at the item level to determine an appropriate threshold value for each item based on item type, scale, previous data, number of respondents, and the importance of the construct.

Appendix VII includes the comprehensive Learning and Working Environment report as well as a table, PowerPoint presentations, and references.

Conclusions and Next Steps

Recognizing that diversity, equity, and inclusion work is never truly done, these recommendations are presented as an initial step toward creating a sustainable culture of inclusion and diversity. The community forums and subsequent task force discussions led to candid conversations that will drive change at Virginia Tech Carilion School of Medicine for years to come.

In the coming months and years, the School's leadership will work with faculty, staff, students, and community partners to implement the proposed solutions. The members of the InclusiveVTCSOM Task Force steering committee will meet with Dean Lee Learman to review and discuss the report and respond to his questions. Dean Learman will host a follow-up community forum, with invitation to the entire task force. At that forum, he will present highlights from the final report and share components that will be incorporated into the VTCSOM Strategic Plan. The working group final reports, analyses, and proposed metrics will be forwarded to the appropriate senior/associate deans to assist them as they begin to draft plans to implement the recommendations, moving the School in a bold direction toward greater diversity, equity, wellness, and inclusion.